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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/CA00/00789 07/05/2000
 which claims benefit of 60/142,983 07/06/1999 *8J 7/13/07*

**** FOREIGN APPLICATIONS ********- NONE - SJ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance SJ <i>SJ</i> Initials	STATE OR COUNTRY CANADA	SHEETS DRAWINGS 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Acknowledged

Examiner's Signature *SJ***ADDRESS**

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TITLE

Electrical stimulation system and methods for treating phantom limb pain and for providing sensory feedback to an amputee from a prosthetic limb

FILING FEE RECEIVED 3120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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